

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3365**

FILED JAN 21 1950

BIRTH NO. _____		REG. DIST. NO. 917		PRIMARY REG. DIST. NO. 6076		Registrar's No. 136	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Johns Sta.				c. CITY (If outside corporate limits, write RURAL and give township) St. Johns Sta.			
c. LENGTH OF STAY (In this place) 20 yrs.				d. STREET ADDRESS (If rural, give location) 2996 Kincaid			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2996 Kincaid							
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle)		c. (Last) Barbero	
4. DATE OF DEATH		(Month) 1 (Day) 14 (Year) 50					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Feb. 3, 1861	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days	IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY Watchman		11. BIRTHPLACE (State or foreign country) Italy S		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Barbero		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Marie Giolitti			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mary Pagan		ADDRESS 2996 Kincaid Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Semility & Chronic nephritis.				INTERVAL BETWEEN ONSET AND DEATH 4 yrs 14222 3 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		422.2		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 5th , 1949, to 1/14 , 1950 that I last saw the deceased alive on 13th Jan 1950 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Dr. Arnold H. Warger M.D.		(Degree or title)		23b. ADDRESS 3115 Brown Rd		23c. DATE SIGNED 1/14/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/17/50		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. 1-16-50		REGISTRAR'S SIGNATURE Herbert R. Blount, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Collins Funeral Home		ADDRESS 10123 St. Char. Rd.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.